

United States Department of the Interior
National Park Service

National Register of Historic Places Registration Form

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DO NOT REMOVE

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in *How to Complete the National Register of Historic Places Registration Form* (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. If an item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

1. Name of Property

historic name Metropolitan State Hospital

other names/site number _____

2. Location

street & number 475 Trapelo Road N/A not for publication

city or town Waltham, Lexington, Belmont N/A vicinity

state Massachusetts code MA county Middlesex code 017 zip code 02154, 02173, 02178

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this nomination request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property meets does not meet the National Register criteria. I recommend that this property be considered significant nationally statewide locally. (See continuation sheet for additional comments.)

Judith B. McDonough 12/8/93
Signature of certifying official/Title Judith B. McDonough Date Executive Director
Massachusetts Historical Commission, State Historic Preservation Officer
State of Federal agency and bureau _____

In my opinion, the property meets does not meet the National Register criteria. (See continuation sheet for additional comments.)

Signature of certifying official/Title _____ Date _____

State or Federal agency and bureau _____

4. National Park Service Certification

I hereby certify that the property is:

- entered in the National Register.
 - See continuation sheet.
- determined eligible for the National Register
 - See continuation sheet.
- determined not eligible for the National Register.
- removed from the National Register.
- other, (explain:) _____

Signature of the Keeper _____

Date of Action _____

8. Statement of Significance

Applicable National Register Criteria

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing.)

- A** Property is associated with events that have made a significant contribution to the broad patterns of our history.
- B** Property is associated with the lives of persons significant in our past.
- C** Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- D** Property has yielded, or is likely to yield, information important in prehistory or history.

Criteria Considerations

(Mark "x" in all the boxes that apply.)

Property is:

- A** owned by a religious institution or used for religious purposes.
- B** removed from its original location.
- C** a birthplace or grave.
- D** a cemetery.
- E** a reconstructed building, object, or structure.
- F** a commemorative property.
- G** less than 50 years of age or achieved significance within the past 50 years.

Areas of Significance

(Enter categories from instructions)

ARCHITECTURE

HEALTH/MEDICINE

SOCIAL HISTORY

Period of Significance

1927 - 1940

Significant Dates

1927 - establishment of hospital

Significant Person

(Complete if Criterion B is marked above)

N/A

Cultural Affiliation

N/A

Architect/Builder

Gordon S. Kobb

Narrative Statement of Significance

(Explain the significance of the property on one or more continuation sheets.)

9. Major Bibliographical References

Bibliography

(Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets.)

Previous documentation on file (NPS):

- preliminary determination of individual listing (36 CFR 67) has been requested
- previously listed in the National Register
- previously determined eligible by the National Register
- designated a National Historic Landmark
- recorded by Historic American Buildings Survey # _____
- recorded by Historic American Engineering Record # _____

Primary location of additional data:

- State Historic Preservation Office
- Other State agency
- Federal agency
- Local government
- University
- Other

Name of repository:

Massachusetts Historical Commission

United States Department of the Interior
National Park ServiceNational Register of Historic Places
Continuation SheetSection number 7 Page 1Metropolitan State Hospital
Waltham, Lexington, Belmont
(Middlesex County) Massachusetts**DESCRIPTION**

Setting/Location: Metropolitan State Hospital is located in west suburban Boston at the intersection of the Waltham, Lexington, and Belmont town lines. It is roughly bounded by Trapelo Road (SW), Concord Avenue (NE), and Beaver Brook (E). State Route 2 runs north of the campus, while the Boston & Maine Railroad (MBTA commuter rail) is located about one mile to the southeast. As the first campus developed in the automobile age, Met State did not require immediate adjacency to railroad facilities. In general, the surrounding area is densely developed, with residential neighborhoods abutting the campus on the north and southwest. Congestion is relieved by a concentration of institutional/recreation/conservation uses in the area, including the Metropolitan District Commission's Beaverbrook Reservation (SE), the Waltham Federal Center and the Fernald State School (S), Middlesex County Hospital (W), and Town of Belmont Conservation Land, the Belmont Country Club, Habitat, and McLean Hospital (E).

Landscape: The main building group occupies relatively high ground at the northwestern edge of the campus, where it is fronted by broad lawns (#29) that slope southward to the main entrance on Trapelo Road. In Olmstedian fashion, the buildings are hidden from Trapelo Road by landscaping and topography. They are revealed only gradually as the approach curves through manicured lawns, planting beds, and a wooded grove to terminate in a landscaped circular drive (#30) at the Administration Building (#1). The internal roadway/circulation system (#31) continues north and east to link the main buildings on the campus. For much of its length, it is lined by handsome original streetlights. The modern Gaebler Center (#27) and a watertower (#25) occupy Mackerel Hill to the south, where they are visible from Trapelo Road. The original site was 281 (Bulletin 1934: 68) or 319 (Department 1926: 109) acres, and had risen to 490 by 1945. R. Loring Haywood was the landscape engineer.

The eastern half of the campus is largely undisturbed wetland interspersed with wooded areas that slope down to Beaver Brook. Peat bogs, red maple swamps, and cattail marshes are bordered by a mature oak-hickory forest with some oaks well over 100 years of age. The carpet of Canadian mayflower indicates that the topsoil has not been disturbed for at least sixty to seventy years. Eskers and kettleholes provide evidence of the retreating glaciers 12,000 years ago. The first vernal pool designated by the state Natural Heritage Program is in this area.

This area also reveals signs of its historic land uses. Stonewalls, foundations, spreading wolf trees, and former carriage roads lined by mature trees all testify to pre-hospital agricultural uses. The cinder topcoat on the roads was probably added by the hospital. An area at the southeast corner of the campus, covered by young to

(continued)

United States Department of the Interior
National Park ServiceNational Register of Historic Places
Continuation SheetMetropolitan State Hospital
Waltham, Lexington, Belmont
(Middlesex County) MassachusettsSection number 7 Page 2

twenty- to thirty-year tree growth, served as the hospital's small agricultural zone and was planted with corn until the 1970s. Some foundations may remain here. The hospital cemetery (#26) is also located in this area along one of the former carriage roads (#32).

Site Plan: The original site plan for the hospital (figure #1) is remarkably similar to that of today including building locations, footprints, and circulation system. Department of Mental Diseases Commissioner Kline described the site plan as forming two axes. One consisted of staff accommodations (#2, 3) and administration (#1), while the other consisted of patient-care facilities (#4, 7, 8). The first axis was to include a Married Couples Dormitory that was never constructed and several single-family dwellings, five of which were constructed (#20, 21, 22, 23, 24). The present tennis courts (#33) are shown on this plan, with a baseball diamond to the northwest of the Male Dormitory (#3). The second axis placed a Medical Building (#4) between chronic (#7) and acute (#15) care facilities where it could most easily serve both. The acute care building was not constructed until 1957. Two dormitories for disturbed patients, shown southeast of the mortuary (#14), were never constructed. A farm group near the present Gaebler Center (#27), including dormitories, dairy barn, etc., was partially constructed, but is now gone. Tunnels provided circulation between buildings and also housed electric, heat, water, and telephone lines (Bulletin 1934: 69-71).

Buildings: As the most recent of the state's institutional treatment centers for the insane, Metropolitan State Hospital represents the unification of the congregate system of patient housing, with its obvious economies of plan and management, and the dispersed system, with its greater emphasis on classification and individual needs. Most of the red-brick, Colonial Revival-style buildings were designed by Gordon Robb, and many served as models for post-1930 construction at other campuses. Constructed within a few years of each other, they present a degree of architectural unity and visual cohesiveness that is unknown at other campuses. Fireproof materials were specified throughout.

Patient-care facilities and support buildings are fronted by several handsome administrative (#1) and staff residential structures (#2, 3) whose well-conceived designs are based on eighteenth- and nineteenth-century institutional models. A large triple-Y plan medical building (#4) is sited on a hill to the east, while a much simpler and massive patient ward (#7) occupies the rear of the site. Forming a huge square with an entirely self-enclosed courtyard, the building is actually made up of eight austere-designed independent wards with a well-detailed cafeteria/kitchen area as a frontispiece (#8). This was considered to be a model of efficiency for patient care, providing in one cohesive scheme what other hospitals might achieve only through

(continued)

United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Metropolitan State Hospital
Waltham, Lexington, Belmont
(Middlesex County) Massachusetts

Section number 7 Page 3

addition and change to existing layouts. Buildings in this area are sited to form a quadrangle (#34), which is the location of the campus chapel (#6). The chapel was not shown on the original site plan.

While most of the buildings date to the 1930s, a few were added in the 1950s and 1960s. These maintain the red-brick construction of their predecessors, but usually delete Colonial Revival-style features in favor of simple modern lines. The original site plan envisioned a reception building for the treatment of acute cases on the site of the Furculo Building (#15), which was finally constructed in 1957 (Bulletin 1934: 85-86).

Representative buildings are described below:

#1: Administration Building (1927; figure #2, 8)

The approach to Metropolitan State Hospital is so designed that the Administration Building is the first structure one sees after winding through the lawns and glades of trees that grow alongside Trapelo Road. It is fronted by a circular drive landscaped with lawn and trees (#30). This eleven-by-four-bay, rectangular-plan, red-brick building rises two stories from a high basement to a slate hip roof with a central cupola. Now aluminum sided, the cupola was originally glazed with tall arched windows. The focal point of the south facade is a two-story temple-front Tuscan portico that contains a double-leaf entry with fanlight framed by Tuscan columns, full entablature, and massive round-arched fan. Trim includes a molded brick watertable and splayed brick window lintels, as well as cast-stone sills and beltcourse. Windows contain 12/16 sash at the first story and 8/12 sash at the second. Two secondary entries with bracketed hoods are centered on the rear elevation. The design is based on eighteenth-century institutional models.

The partially exposed basement story included space for offices of the steward, treasurer, heads of maintenance departments, and storage vaults. The principal story contained a lobby with information desk, the superintendent's office, trustees' room, and offices of the staff physicians. A medical library, records room, and offices occupied the third story (Bulletin 1934: 71-72).

#2: Female Dormitory (1927; figure #3)

Standing directly behind the Administration Building, this is a large three-story, red-brick structure enclosed by a slate hip roof with gabled lateral rear wings forming a U-shaped plan. It faces over a landscaped oval drive. Like so many other nurses' homes, its long, twenty-one-bay south facade is relieved by a five-bay, center-entry pavilion defined by quoins and a pediment with lunette. The entry is framed by sidelights and a round-arched fanlight, and is flanked by round-arched windows. Other windows with cast-stone sills and brick lintels contain 6/6 sash. The rear wings terminate in open porches

(continued)

United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Metropolitan State Hospital
Waltham, Lexington, Belmont
(Middlesex County) Massachusetts

Section number 7 Page 4

with decorative cast-iron balconies, and lunettes in their gable pediments.

This building and the adjacent male dormitory are based on early nineteenth-century institutional designs such as the Harvard Divinity School (1825; Solomon Willard). It was designed for 125 occupants, with small rooms opening off double-loaded corridors.

#3: Male Dormitory (1930; figure #3)

Similar in design to the Female Dormitory, but lacking rear wings, the three-story male dormitory is enclosed by a gable roof. This twenty-one by one-bay, rectangular-plan building faces south. Typically, its recessed round-arched entry with fanlight is centered on a projecting five-bay pedimented pavilion. The rather austere design is relieved by a molded brick watertable and corner quoins. Oculi are located in the end gables, with a lunette in the central gable. It faces a lawn and tennis courts. It was designed for 100 occupants with small rooms opening off double-loaded corridors. The tennis courts (#33) between the two staff dormitories was shown on the original site plan.

#20: Superintendent's House (1934)

The Superintendent's House faces east over a large garden enclosed by a massive dry-laid stone wall (#32). It overlooks the Administration Building to the north from a slight rise but is nearly hidden from view by plantings. It is a particularly fine example of the type of Colonial Revival-style residence one frequently finds on State Hospital grounds. It is a two-story, red-brick structure with a gabled slate roof pierced by three segmental-arch dormers. Its central entry is protected by an open portico and flanked by tripartite windows. An exterior chimney and one-story sunporch are added to the south elevation, while a connector with arched windows leads from the north elevation to a two-car garage. The Superintendent's House was built on the site of the early eighteenth-century General Nathaniel Bridges House. Some materials salvaged from this house were used to panel employee rooms in Kline Hall (#5).

#7: Continued Treatment Group/Wards A-H (1927-28; figure #5)

Located at the rear of the hospital grounds, this massive patient-care structure loses much of its intimidating bulk through full articulation of its component parts. Rising three stories from a high foundation set off by a molded watertable, the red-brick structure is symmetrically designed with a congregate food service building (#8) at its head, three wings on each side, and two on the back, all connected at their rear elevations by a narrow corridor forming a large completely enclosed courtyard for recreational activities. The simply detailed wings are enclosed by slate gable roofs, while the corridor is flat roofed. Each wing is built on a T-plan with a three-by-seven-bay gable end, two-bay projecting arms, and six-bay screened porches

(continued)

United States Department of the Interior
National Park ServiceNational Register of Historic Places
Continuation SheetSection number 7 Page 5Metropolitan State Hospital
Waltham, Lexington, Belmont
(Middlesex County) Massachusetts

extending back to the corridor. The facades contain simple hooded entries at the basement level, and lunettes in their pedimented gables. A, B, C, and D wards on the west side display windows with hospital hopper sash, while E, F, G, and H wards employ small-pane metal casement sash. The hopper sash, which was designed to preclude the use of bars, and the screened porches were integral features, first used here, and later adopted at other state hospitals. The courtyards between the rear wards have been paved to accommodate parking. The ground slopes sharply from the perimeter road that rings the Continued Treatment Group on the east, north, and west.

The eight wings contained a fifty two-patient ward at each story for a total of twenty-four wards and 1,248 patient capacity. Each ward was equipped with day-halls, verandahs, single rooms, and dormitories for twelve to twenty-two beds. The partially exposed basements were used for storage, occupational therapy, and hospital industries. No interior plaster was used, and the smooth-faced brick was painted in soft colors. The ceilings were hung with sound proof material. "French-type windows" with steel frames and controlled openings precluded the use of bars (Bulletin 1934: 78).

#8: Food Service Building (1929; figure #4)

This well-detailed, semi-detached nine-by-four-bay structure actually forms the frontispiece (S) of the Continued Treatment Group (#7). Rising two stories from a partially exposed basement to a slate hip roof with boxed cornice, it is connected to the main group by a utilitarian eleven-bay rear ell. It is constructed of red brick with a molded watertable and brick beltcourse separating the stories. Quoins define the outer bays, which contain recessed arched entries. First-story windows with splayed brick lintels and keystones contain multipane metal sash, while the upper story is lit by arched windows across the south facade.

The basement story originally contained receiving rooms, a butcher shop, grocery storeroom, and refrigerators. The first story housed a dry-goods storeroom, dishwashing rooms, rooms for vegetable preparation, and temporary sewing and industrial rooms. The upper story contained an employees cafeteria, kitchen, pastry room, bread storage space, pan washing room, and refrigerators. A large dining room/cafeteria, with space for 400 patients, was located at the rear. It had a high vaulted roof, equipped with sound-absorbing tiles, above a series of vertical pilot windows. Two rows of columns supported the lofty central section and separated them from flat-roofed aisles. Male and female service counters were located along the wall adjacent to the kitchen. Patients were allowed to select their own place at tables for six and to return to the service areas for more food. Approximately 1,500 patients could be served in a little over an hour. Balconies at the lateral ends were intended to provide space for entertainment and observation (Bulletin 1934: 75-77).

(continued)

United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Metropolitan State Hospital
Waltham, Lexington, Belmont
(Middlesex County) Massachusetts

Section number 7 Page 6

#5: Kline Hall (1930)

Designed as a place of assembly, the Colonial Revival-style Kline Hall is an interesting, blocky structure rising two stories from a concrete foundation to a dentilated flat roof. The east facade, which is treated with quoins and oculi in the outer bays, is otherwise blank above a shed roof protecting five double-leaf glazed and paneled entries. The seven-bay side elevations are distinguished by massive round-arched windows in the inner bays, framed by end pavilions with quoins and lunettes.

The interior of Kline Hall was finished with painted brick walls and a floor of hardwood squares. It contained an "artistically draped stage" and observation balcony with facilities for projecting moving pictures. With capacity to seat 1,038, it was also used for religious services and other gatherings. Employee facilities consisting of a store, dining room, and ladies lounge occupied the basement. Some of these spaces were paneled with materials taken from the former Bridges House when it was replaced by the Superintendent's House (see #20). An awning-covered sidewalk cafe for patients was created on the exterior (Bulletin 1934: 79).

#4: Medical/Surgical Building (1934; figure #6, 7)

The function of the Medical Building is proclaimed by the caduceus, which is centered between two oculi at the fourth story. In plan it consists of three Y shapes connected at their stems. From the vantage point of the facade, however, it appears as a simple rectangle with a five-bay projecting central pavilion framed by four-bay wings and eleven-bay outer wings that angle forward. It is a three-story, red-brick building enclosed by a flat, or nearly flat, roof with parapet rising above a cast-stone cornice. Windows are generally paired and contain hospital hopper sash. The central pavilion rises four stories to a pediment with modillion cornice and lunette; it is surmounted by a cupola. The double-leaf entry is set in a round-arched opening and is flanked by round-arched windows. The rear Y is only two stories in height due to a rise in ground level and is treated with screened porches on piers and spandrels.

The Medical/Surgical Building contained classrooms, storage, and administrative space at the first story, patient rooms at the second and third, and operating facilities at the fourth. The wards provided space for fifty four patients each with a variety of single rooms, isolation rooms, and dormitories that opened onto spacious verandahs. These areas were finished in soft green and cream tones above a warm brown tile dado to avoid the impersonality of "hospital white." The operating rooms were equipped with panel lighting and heating in the ceilings, large Scialytic lamps, and glass-front observation galleries. Vertical circulation was provided by stainless-steel elevators as well as stairs. The rear wing, constructed with federal relief funds, was designed for infirm and tubercular patients, with

(continued)

United States Department of the Interior
National Park ServiceNational Register of Historic Places
Continuation SheetSection number 7 Page 7
Metropolitan State Hospital
Waltham, Lexington, Belmont
(Middlesex County) Massachusetts

the latter on the third floor. A roofless rear verandah to allow maximum exposure to sun and air, and panel ceiling heat to provide warmth with the windows open, were special features of the tubercular ward (Bulletin 1934: 80-85). This building opened in August 1934 (Bulletin 1934: 88).

#22: Mortuary and Laboratory (1936)

This was one of two mortuaries encountered during the survey, although Annual Reports indicate that they certainly existed on other hospital grounds. This example, which suffered a fire in the early 1980s, is a small five-by-six-bay red-brick structure rising one story in front and two stories in the rear to a slate hip roof. The main double-leaf entry is enclosed by a brick porch centered on the west facade. A single-leaf entry is located on the south elevation, while another double entry provides access to the basement level on the north side. Some windows with cast-stone sills have been cemented in while others retain original 6/6 sash. It is sited east of the Medical/ Surgical Building, where the sickest patients resided, on the carriage road leading to the cemetery.

The Mortuary/Lab was constructed with federal relief funds. The first floor contained a receiving room for bodies, an autopsy room with eight double-ended refrigerated boxes, a pathological museum with an extensive collection of abnormal brains, a chapel, and storage space. The second floor included pathological and chemical laboratories, a photography room, and office space. This building was intended to be a center for studying the causes and suitable treatment of mental diseases (Bulletin 1934: 85).

#26: Cemetery (ca. 1930)

The Cemetery is located on a gently sloping hillside east of the main drive. An unpaved former carriage road connects it to the mortuary on the north (#14). Like other hospital cemeteries, the gravestones are simple blocks that are set into the ground. In this case, the stones are a less durable cast stone, and are usually marked with a number rather than a name. Each also includes a letter: either P for Protestant or C for Catholic. The burials are segregated with Protestant graves at the south end and Catholic graves at the north end. The remnants of stairs are found at the south end of the cemetery where the oldest stones are found, all marked with a P. This area is set off by a stone wall, which continues along the rear of the entire cemetery. A transmission line that appears to date to the 1930s runs along the road to the power plant (#10). Electricity was purchased from a main line serving the Fernald School (see form) and the nearby county sanatorium (Bulletin 1934: 79).

(continued)

United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Section number 7 Page 8

Metropolitan State Hospital
Waltham, Lexington, Belmont
(Middlesex County) Massachusetts

#10: Power Plant (1928)

The Power Plant is located east of the Continued Treatment Group (#7) on the hospital's rear access road that connects with Concord Avenue. It is a red-brick structure rising two stories from a concrete foundation that is fully exposed on the east side due to the sloping terrain. Distinguishing features include massive round-arched windows with metal sash, and a red brick smokestack on the east side. The power plant contained four large boilers.

#11: Laundry/Maintenance (1930)

This utilitarian, red-brick structure rises one story from a concrete foundation to a flat roof with dentilated parapet and central monitor. The basement is fully exposed on the lower rear (E) elevation. The west facade is organized with a center entry pavilion, which is trimmed with quoins, as are the outer corners. A large loading bay with a suspended metal roof extends to the south. A double-leaf entry provides access to the northern half of the building. Windows contain multipane metal sash. This building contained large washrooms, a finish room, and storage space and served the Boston Psychopathic Hospital (see form) as well. The exposed rear basement housed workshops for carpenters, painters, mason, plumber, and electricians as well as storage space (Bulletin 1934: 75).

#15: Furculo Building (1957)

The Furculo is a large, modern structure built on a double T-plan and attached to the rear of the Medical Building (#4) by a one-story enclosed corridor. It is faced with red brick and rises three stories from a concrete foundation to a flat roof with numerous HVAC units. The main entry is located on the east side of the stem and is fronted by flat-roofed International style-walkways supported on slender metal piers. A Reception Building for treatment of acute cases was envisioned for this site on the original site plan (Bulletin 1934: 85-86).

Archaeological Description

While no prehistoric sites are currently recorded within the hospital boundary, it is highly likely that sites are present. One site is reported in the general area (within one mile). The physical characteristics of the property, well-drained soils on several level to moderately sloping terraces bordering numerous ponds and wetlands, indicate favorable locational criteria for Native settlement and subsistence activities. Native artifacts have also reportedly been recovered on the hospital property (C. Jenkins, personal communication). The locations of two prehistoric sites have also been identified (Jones 1989) on slopes north and west of Beaver Brook to the southeast of the State Hospital. Most of the eastern half of the hospital is largely undisturbed wetlands, part of the Beaver Brook/Charles River drainage, interspersed with wooded areas containing small eskers and kettleholes.

(continued)

United States Department of the Interior
National Park ServiceNational Register of Historic Places
Continuation SheetSection number 7, 8 Page 9, 1Metropolitan State Hospital
Waltham, Lexington, Belmont
(Middlesex County) Massachusetts

A moderate to high potential exists for recovering historic archaeological remains on the hospital property. Foundation remains from a barn are known in the southwest corner of the hospital in its small agricultural zone. Other foundations are reported, although their locations are unknown. These remains and the presence of stone walls in the area indicate agricultural activity on the grounds predating the State Hospital. Occupational-related features (trash pits, privies, wells) associated with these activities are also expected in the area. Most if not all buildings associated with the State Hospital (1930) are still extant. Trash areas associated with the hospital's period of significance (1927-1940) are expected, at least for the earlier portions of this period. Unmarked graves are also possible associated with the hospital's cemetery #26 (ca. 1930), where simple blocks set low in the ground mark the graves. The presence of a mortuary and lab #14 (1934) may also indicate the possibility of unmarked graves. A high sensitivity exists for locating significant prehistoric resources in this area, particularly woodland and open areas near wetlands. A high sensitivity may also exist for areas to the north and west of the main hospital buildings, where ponds and wetlands are present; however, construction of a golf course in this area may have altered the landscape and affected the integrity of any sites present.

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HISTORICAL SIGNIFICANCE

Metropolitan State Hospital possesses integrity of location, design, setting, materials, workmanship, feeling, and association. Established by Chapter 403 of the Acts of 1930, and dedicated in October of that same year, it was to be the last of the great institutions created by the Commonwealth to care for mentally ill citizens. As such, it represents the most mature and cohesive expression of the state's twentieth-century goals. In its great size, it reflects the custodial concerns pressed on the state by ever-increasing numbers of insane, but in its attempts to create individualized wards within the program of one large building, it reflects the strongly rehabilitative ideals of the system's early nineteenth-century founders. Architecturally, it represents the third and final step in the evolution from congregate Kirkbride hospitals to dispersed cottage or colony plan campuses. Designed with a mandate to develop standard building types to serve established functions, it was used as model for post-1930 expansion at other state hospital campuses. The pastoral grounds are also among the few in the system to be designed by a known landscape architect. Metropolitan State Hospital clearly reflects the development of the State Hospital and School System as described in the overview, and meets criteria A and C of the National Register of Historic Places. It is significant on the local and state levels, with a period of significance extending from 1927 to 1940.

The establishment of Metropolitan State Hospital is the end result of an extensive planning effort designed to implement the provisions of Chapter 451 of the Acts of 1900. That piece of legislation mandated that the state assume full responsibility for the mentally ill, and resulted in the subsequent transfer of insane and aged senile patients from local to state facilities. One of the first major actions taken by the State Board of Insanity in 1904-1905 was to develop standard units of per patient capacity

(continued)

United States Department of the Interior
National Park ServiceNational Register of Historic Places
Continuation SheetMetropolitan State Hospital
Waltham, Lexington, Belmont
(Middlesex County) MassachusettsSection number 8 Page 2

that would allow accurate comparison of existing facilities and provide the basis for future planning efforts (Department of Mental Diseases 1926: 104-108). The other was purchase of the largest local facility, the Boston Insane Hospital, in 1908.

It quickly became apparent that while the system as a whole was overcrowded, the most urgent need was in the metropolitan Boston area. Intense debate over possible solutions occurred between 1908 and 1926. The trustees of the newly acquired Boston State Hospital advocated for expansion of their facility to a 5,000-patient capacity but were unable to convince the State Board of Insanity of the merits of that proposal. The need for a second metropolitan-area hospital was identified as early as 1908, a need that was confirmed by Dr. Adolf Meyer of Baltimore as a result of a systemwide study in 1911 (Bulletin 1934: 67).

A Resolve directing the Board of Insanity to investigate the needs of the insane in the metropolitan area was introduced to the State Legislature in 1912 through the efforts of Dr. L. Vernon Briggs (see Boston Psychopathic Hospital). The Board's response in 1913 advocated establishment of a second hospital as the best solution and requested \$100,000 to purchase a site. The Legislature appropriated that amount in 1914, and spending was authorized in January of 1915. A site of 281 (Bulletin 1934: 68) or 319 (DMD 1926: 109) acres in Waltham, Belmont and Lexington in close proximity to the Walter E. Fernald State School (see form) was immediately acquired. The site was noted as having historical value because it encompassed the home and estate of General Nathaniel Bridges, a friend to George Washington. His dwelling was replaced by the Superintendent's House (#20) in 1934. Some of the paneling was salvaged and reinstalled in Kline Hall (Bulletin 1934: 68).

Plans were immediately prepared for a 1,900-patient facility to be built on the popular cottage/colony plan. Typically, it was characterized by small low-rise units dispersed over the site. No action was taken, however, as the trustees of Boston State Hospital continued to advocate for expansion of their own facility, and the exigencies of World War I diverted state attention and funds.

Finally, through Chapter 22 of the Resolves of 1926, the Legislature once again asked the Department of Mental Diseases (1919 successor to the State Board of Insanity) to formally consider the need for an additional hospital for metropolitan-area residents, either in Boston, Waltham, or elsewhere. The study was also to determine whether revisions to the costly 1915 site plan (estimated at \$2 1/2 to \$3 for a 1,000-bed facility and \$5 to \$6 for a 2,000-bed facility) were necessary. On a broader level, the study was to project future growth of the system through statistical analysis and to reexamine the standard units of capacity developed in 1905. The sum of \$1,000 was appropriated for the study (Bulletin 1934: 69/DMD 1926: 104).

The Department's reply, published in their 1926 Annual Report, was unequivocally in favor of a second hospital at the Waltham site, finally ending Boston State Hospital's dreams of expansion. It stated that "the Department is strongly of the opinion that a State Hospital caring for mental patients should not exceed a capacity of 2,000" and that it was their "further belief that a large hospital militates against individual observation and

(continued)

United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Metropolitan State Hospital
Waltham, Lexington, Belmont
(Middlesex County) Massachusetts

Section number 8 Page 3

treatment of patients." (DMD 1926: 108) With that statement, Massachusetts announced its determination to limit the negative impact of rising patient populations on the hospitals' ability to treat and care for patients. Limiting the size of institutions was an attempt to prevent them from becoming warehouses where living conditions would be degraded and treatment opportunities would be severely limited.

While the Department advocated for the best care possible, it recognized the need for budgetary restraint in a system that was consuming approximately one sixth of the state budget (DMD 1930: 6). Thus, the study concluded that the dispersed plan prepared in 1915 would be too expensive to construct, maintain, and administer. It also embraced the concept of standardization, and refined the capacity units developed in 1905 (DMD 1926: 108). The buildings designed for Metropolitan State Hospital were to be model types that could be applied to expansion at other campuses throughout the system.

The Legislature responded by appropriating \$1,500,000 for preparation of the Waltham site in 1927. Department of Mental Diseases Commissioner George M. Kline studied hospital facilities and consulted experts throughout the country, but he did not find a suitable model. He also surveyed patients throughout the Massachusetts system to permit proper planning for admissions. He described Metropolitan State Hospital as the first "to be built in accordance with ascertained needs of patients and needs of the community for the care of the mentally ill" rather than by "rule of thumb" (Bulletin 1934: 71).

Architect Gordon Robb of 87 Beacon Street, Boston, was the man chosen to create a plan that combined the best features of the old congregate Kirkbride and dispersed cottage/ colony systems. His results delighted the Department of Mental Diseases, as evidenced by Commissioner Kline's descriptive praise at the hospital's opening ceremony on October 29, 1930:

It is our belief today that nowhere in the country is there a hospital for mental diseases superior in any respect to the Metropolitan State Hospital...Specifically it has been our idea to arrange the buildings according to the needs of the various hospital activities, at the same time keeping in mind the operation of the hospital as a whole; for instance the Administration group consists of the Administration Building and Employees' Homes. This group is connected by a tunnel to the Assembly Building. Large mental hospitals have followed one of two plans, the block type --often referred to as the Kirkbride Hospital--and the cottage type. There are certain advantages inherent in each type. Accordingly, there are individual buildings with connecting corridors of ample size to serve as day spaces for patients, affording the maximum of light and ventilation. These connecting corridors are so arranged that patients can be routed in a continuous stream to the dining room and returned to the wards without any crossing of traffic. Likewise, ambulatory patients can be brought to the dining room by means of service tunnels, and returned without conflict. Similar arrangements obtain in bringing patients to the Assembly Hall and returning them to the wards....

(continued)

United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Metropolitan State Hospital
Waltham, Lexington, Belmont
(Middlesex County) Massachusetts

Section number 8 Page 4

Kline also cited some of the numerous innovations of the new hospital: There have been departures from traditional hospital construction in the interest of the patients' welfare first, and secondly ease of administration--such as a new type of window which avoids the use of barred windows, and the use of sound deadening treatment of ceilings, etc. Telephone and call bell systems connect all parts of the institution. Electrically operated clocks with automatic re-setting controls are installed so that every clock throughout the institution will register the same time as the clock in the Superintendent's office. A central radio system permits transmission of radio programs throughout the institution, and a microphone permits broadcasting of talks from some central point (DMD 1930: 4-5).

Metropolitan State Hospital represents the third and final stage in the evolving form of hospitals for the mentally ill. Like its predecessors, the Kirkbride and cottage/colony, it responded to increases in patient populations and the desire to provide the best possible accommodations and treatment programs within the constraints of a publicly funded budget. In addition to the innovations cited above, it was the first to reflect the impact of the automobile age, recognizing that trucks had done away with the need for immediate adjacency to a railroad line.

The other consultants involved in the construction of Metropolitan State Hospital were Mr. R. Loring Haywood, landscape engineer; Mr. J. J. Van Valkenberg, water and sewer engineer; Edward C. Brown, electrical engineer; and Albert B. Franklin, Inc., heating and ventilating engineers. Haywood is one of the few known landscape designers for campuses in the state hospital and school system. Ground breaking took place on December 27, 1927, at the Administration Building; cornerstone-laying ceremonies were held on October 17, 1928, with Governor Alvan T. Fuller officiating. Costs were kept down by "the use of plain red brick buildings of early American colonial type." Trim elements, including pedimented pavilions and quoins, were deleted from the ward buildings. Fireproof construction was used throughout. The water supply was taken from the Metropolitan District Commission in conjunction with the neighboring Fernald School, and it was planned for sewage to be discharged into the neighboring Town of Belmont lines (Bulletin 1934: 71).

The Department began selecting patients from the several thousand metropolitan-area residents who had been committed to other hospitals by 1929. The first patients were thirty six men from Grafton State Hospital who arrived on December 26, 1930. Others, from the hospitals at Westborough, Danvers, Worcester, and Medfield, soon followed. From the beginning, they participated in maintenance activities as part of work-therapy programs. Men were generally employed on the small farm and in development of the grounds, while women "interested themselves in general housework, cafeteria, laundry and occupational therapy." Employees were also selected from other hospitals. They included physicians, nurses, attendants, a steward, and treasurer along with a clerical force to support them, as well as maintenance and kitchen staff. Like other hospitals of the period, Metropolitan State employed social workers and occupational therapists as well. A superintendent and a board of seven trustees were appointed in 1933, replacing direct control by the Department of Mental Diseases (Bulletin 1934: 87-90).

(continued)

United States Department of the Interior
National Park ServiceNational Register of Historic Places
Continuation SheetMetropolitan State Hospital
Waltham, Lexington, Belmont
(Middlesex County) MassachusettsSection number 8 Page 5

Within a year of opening, Metropolitan State Hospital accommodated 1,150 patients in the continuing treatment class. By the end of 1932, the number of patients totaled 1,230. With completion of the Medical/Surgical Building (#4) in August of 1934, the capacity reached 1,560. The 1945 Governor and Council's Report cited a population of 1,995, which was 410 over the capacity of 1,585; additionally, 281 patients were "on parole." The staff numbered 234, with 183 vacancies as was typical throughout the system, reflecting the labor shortages of World War II. The fully equipped Medical/ Surgical Building not only served inpatients, but also accepted patients from the neighboring Fernald School which had previously been served by Massachusetts General Hospital (Wallace 1941: 144).

The Governor and Council's Report also provides valuable information about the condition, activities, and programs of the hospital in the mid-twentieth century. It stated that the buildings of the state's newest hospital were in fine condition, needing only redecorating and window screens to provide protection from mosquitoes in the summer months. The mosquitoes were encouraged by several swampy peat bogs on the campus and by the presence of a large privately owned piggery less than one-half mile distant. With regard to the landscape and agricultural activities, it noted that the campus had grown to 490 acres, but that the land was largely rock ledge or swamp except for approximately 80 acres currently under cultivation. It lacked a dairy or piggery but maintained a large poultry plant with 1,500 chickens and 500 layers.

Praise was offered for the hospital's occupational- and industrial- therapy programs. The former included weaving, woodworking, woodcarving, chair repairing and caning, basketweaving, printing, sewing, canning, music appreciation, and orchestral and glee club groups. The latter included laundry, poultry care, training of dining room and kitchen help, training in sewing, dressmaking, and mattress making, shoe repair, and furniture repair.

The report also noted the presence of three children--aged 7, 9, and 10--among the general population. It was urged that children be removed from all state institutions and placed in a special setting with no other function than care of children. This concern may have resulted in construction of the Gaebler Children's Center (#27) on the Metropolitan State Hospital grounds in 1950. The reception/acute care facility called for in the initial plans was finally added in 1957 as the Furculo Building (#15).

Metropolitan State Hospital is one of several campuses vacated by the Department of Mental Health in the early 1990s. It is in the process of being declared surplus by the state, and new uses are being sought.

Archaeological Significance

Since patterns of prehistoric occupations in Waltham, Lexington, and Belmont are poorly understood, any surviving sites would be significant. Prehistoric sites in this area can contribute to a greater understanding of Native American settlement and subsistence along tributary streams in the lower Charles River drainage. Much of this area is undocumented, possibly because of underreporting in the area due to urban development in the 20th century. Prehistoric sites in this area may be part of a seasonal adaptation based on

(continued)

United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Section number 8, 9 Page 6, 1

Metropolitan State Hospital
Waltham, Lexington, Belmont
(Middlesex County) Massachusetts

the availability of environmental resources with larger sites along the main bank of the Charles River, possibly in the estuarine zone. Prehistoric sites in this area may also be part of subsistence and settlement systems that incorporate sites along the interior Charles River drainage.

Historic archaeological remains described above have the potential to document the land-use history that predates the development of the State Hospital in the 1930s. Documentary research accompanied by archaeological survey and excavation can help establish the agricultural context for the barn foundation and stone walls whose location are known. This research can also document the locations and similar information for other related structures unknown at present.

Occupational-related features (trash pits, privies, wells) associated with structural remains can provide detailed information on the inhabitants or individuals who used the structures and activities conducted in them. Archaeological study of structural remains and occupational-related features can also establish dates of construction and function through the study of associated artifacts, features, and structures. Archaeological surveys and excavations can also determine the location of unmarked or obscured graves associated with the hospital cemetery. Small gravestones used to mark graves often extended only a few inches above the ground and could easily become overgrown or removed and unmarked. Actual unmarked graves may also have been present.

(end)

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United States Department of the Interior
National Park Service

National Register of Historic Places
Continuation Sheet

Section number 9, 10 Page 2, 1

Metropolitan State Hospital
Waltham, Lexington, Belmont
(Middlesex County) Massachusetts

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List of Figures

1. Site plan. 1934.
2. Administration building plan and elevation. 1934.
3. Nurses and attendants homes plan and elevation. 1934.
4. Kitchen/Dining plan. 1934.
5. Continued Treatment Group, typical wing plan and elevation. 1934.
- 6, 7. Medical Building plans and elevation. 1934.
8. Administration Building photograph. 1934.

(end)

GEOGRAPHICAL DATA

Verbal Boundary Description

See attached maps.

Verbal Boundary Justification

The boundaries conform to the current boundaries of the campus which are the same as during the period of significance.

(end)

**METROPOLITAN STATE HOSPITAL
WALTHAM, LEXINGTON, BELMONT, MASSACHUSETTS
DISTRICT DATA SHEET**

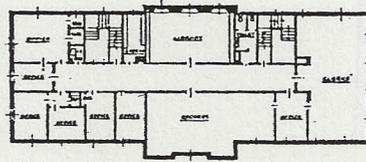
| <u>MAP#</u> | <u>BUILDING NAME</u> | <u>DATE</u> | <u>STYLE</u> | <u>DESIGNER/ARCHITECT</u> | <u>STATUS</u> | <u>RESOURCE</u> |
|-------------|--|-------------|-------------------------|---------------------------|---------------|-----------------|
| 1 | Administration | 1927 | Colonial Revival | Gordon C. Robb | C | B |
| 2 | Female Dormitory | 1927 | Colonial Revival | Gordon C. Robb | C | B |
| 3 | Male Dormitory | 1930 | Colonial Revival | James Ritchie Assoc. | C | B |
| 4 | Medical Hospital | 1934 | Colonial Revival | Gordon C. Robb | C | B |
| 5 | Kline Hall | 1930 | Colonial Revival | Gordon C. Robb | C | B |
| 6 | St. Nicholas Chapel | post-1935 | Colonial Revival | Gordon C. Robb | C | B |
| 7 | Main Hospital Wards A-H | 1927-1928 | Colonial Revival | Gordon C. Robb | C | B |
| 8 | Food Service Building | 1929 | Colonial Revival | Gordon C. Robb | C | B |
| 9 | Main Garage | 1930 | Utilitarian | Gordon C. Robb | C | B |
| 10 | Power Plant | 1928 | Utilitarian | Gordon C. Robb | C | St |
| 11 | Laundry/Maintenance | 1930 | Utilitarian | Gordon C. Robb | C | B |
| 12 | Metal shed | ca. 1930s | Utilitarian | | C | B |
| 13 | Incinerator | 1930s | Utilitarian | | C | St |
| 14 | Mortuary/Lab | 1934 | Utilitarian | Gordon C. Robb | C | B |
| 15 | Furcolo Building | 1957 | Modern | Shepley, Bulfinch | NC | B |
| 16 | Interfaith Chapel | 1958 | Modern | John A. McPherson | NC | B |
| 17 | Pavilion | ca. 1930s | Utilitarian | | C | St |
| 18 | Pavilion | ca. 1930s | Utilitarian | | C | St |
| 19 | Pavilion | ca. 1930s | Utilitarian | | C | St |
| 20 | Superintendent's House att. garage | 1934 | Colonial Revival n/a | Gordon C. Robb | C | B |
| 21 | House | 1931 | Colonial Revival | Gordon C. Robb | C | B |
| 22 | Chief Engineer's House | 1931 | Colonial Revival | Gordon C. Robb | C | B |
| 23 | House (29 Marguerite Ave.) | 1933 | Colonial Revival | Gordon C. Robb | C | B |
| 24 | House (35 Marguerite Ave.) | 1933 | Colonial Revival | Gordon C. Robb | C | B |
| 25 | Water Tower | 1930 | n/a | | C | St |
| 26 | Cemetery | ca. 1930 | n/a | | C | Si |
| 27 | Gaebler Children's Center | 1950 | Modern | Gordon C. Robb | NC | B |
| 28 | Pool & Pool House | 1962 | n/a | | NC | St |
| 29 | Front Lawn | ca. 1928 | n/a | R. Loring Haywood | C | Si |
| 30 | Administration Lawn | ca. 1928 | n/a | R. Loring Haywood | C | Si |
| 31 | Primary Circulation System/Lights (paved) | ca. 1928 | n/a | R. Loring Haywood | C | St |
| 32 | Secondary Circulation System (unpaved) | ca. 1928 | | R. Loring Haywood | C | St |
| 33 | Tennis Courts | ca. 1928 | | | C | St |
| 34 | Superintendent's Garden | ca. 1935 | n/a | R. Loring Haywood | C | Si |
| 35 | Quadrangle | ca. 1928 | n/a | R. Loring Haywood | C | Si |
| 36 | ICF House | ca. 1980 | Modern | | NC | B |

METROPOLITAN STATE HOSPITAL
WALTHAM, LEXINGTON, BELMONT, MASSACHUSETTS
DISTRICT DATA SHEET

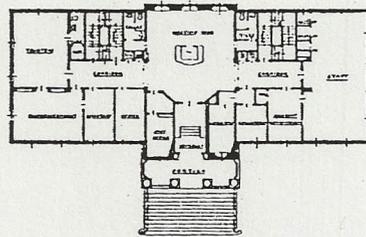
TOTAL RESOURCES: 31 Contributing; 5 Noncontributing

17 Contributing Buildings
5 Contributing Sites
9 Contributing Structures

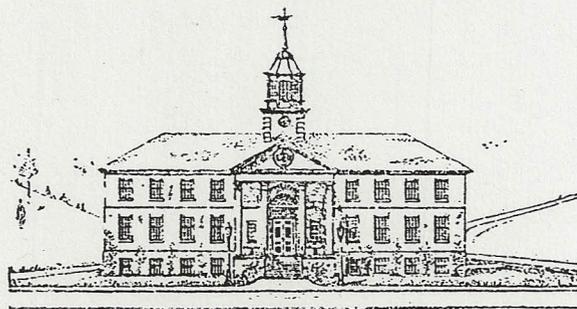
4 Noncontributing Buildings
1 Noncontributing Structures



SECOND FLOOR PLAN



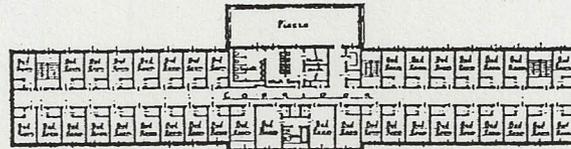
FIRST FLOOR PLAN



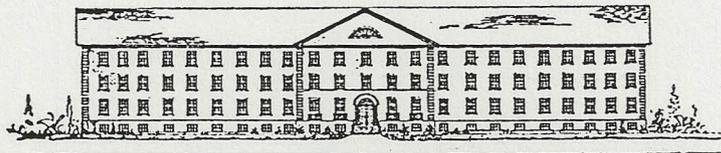
ADMINISTRATION BUILDING

DIAGRAM 2

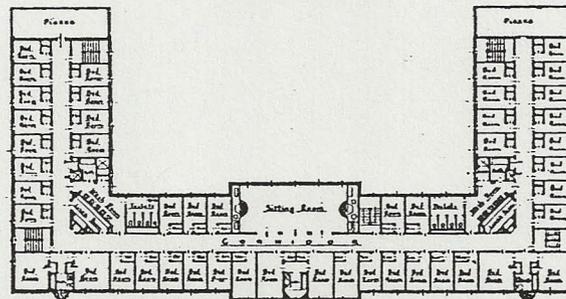
NURSES' AND ATTENDANTS' HOMES PLAN AND ELEVATION



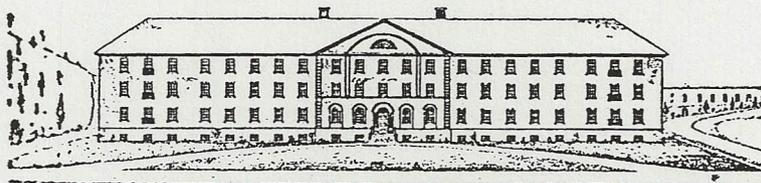
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SCALE 1/8" = 1'-0"



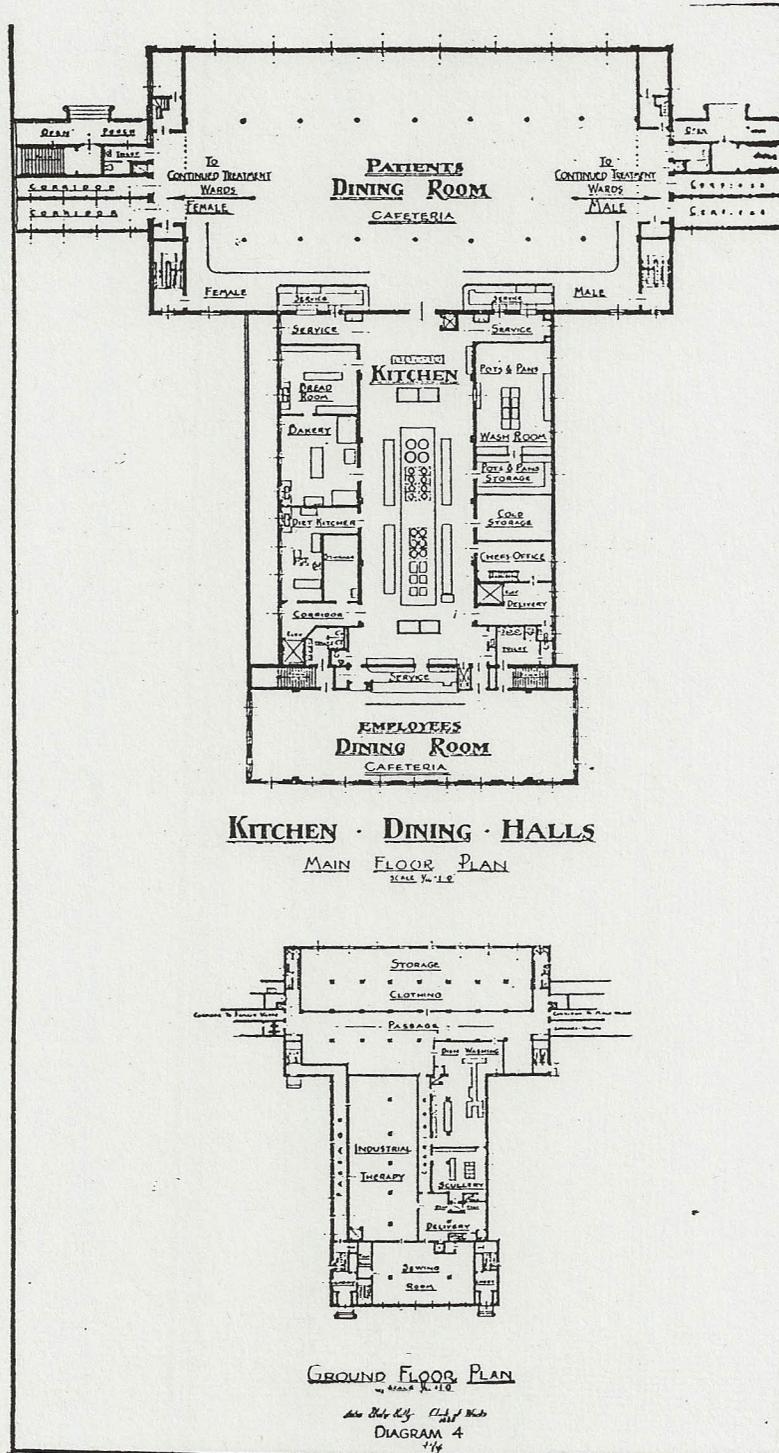
ATTENDANTS' HOME



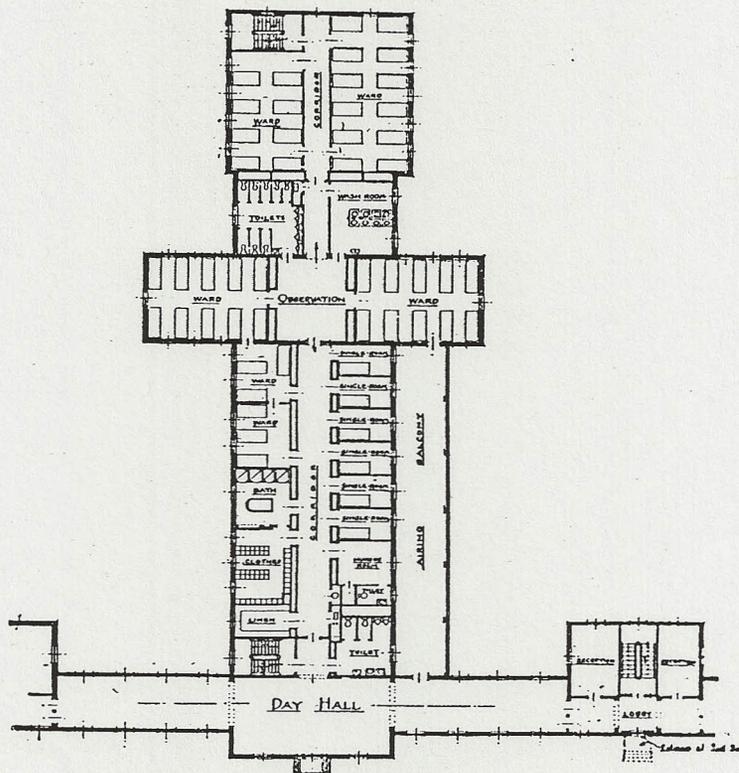
TYPICAL FLOOR PLAN
SCALE 1/8" = 1'-0"



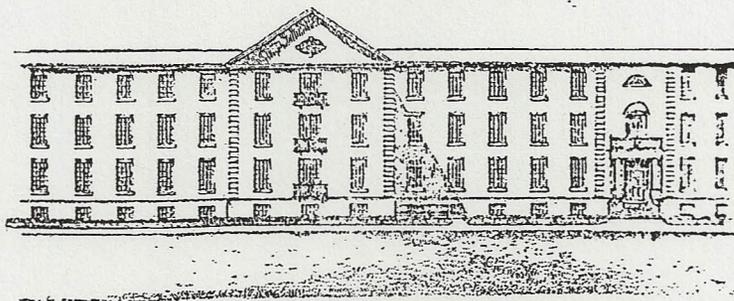
NURSE'S HOME
DIAGRAM 3



CONTINUED TREATMENT GROUP: TYPICAL WING PLAN AND ELEVATION

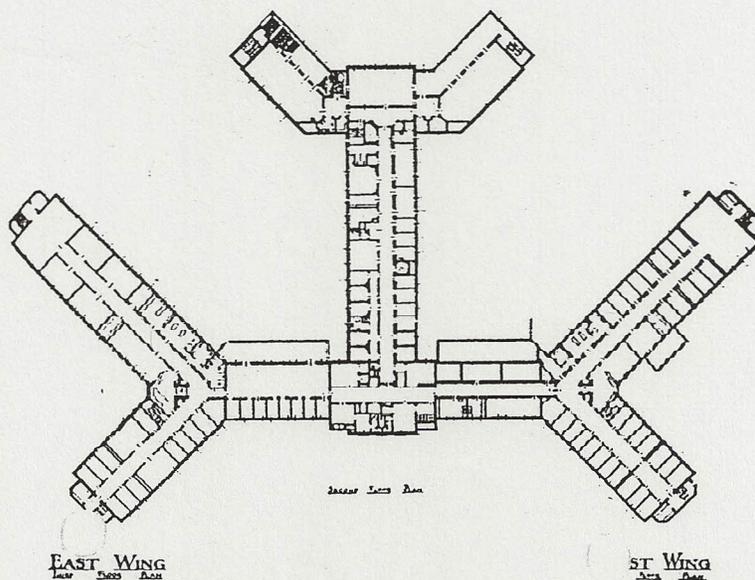
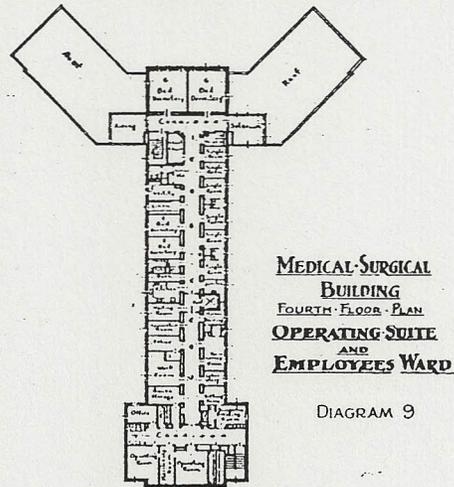
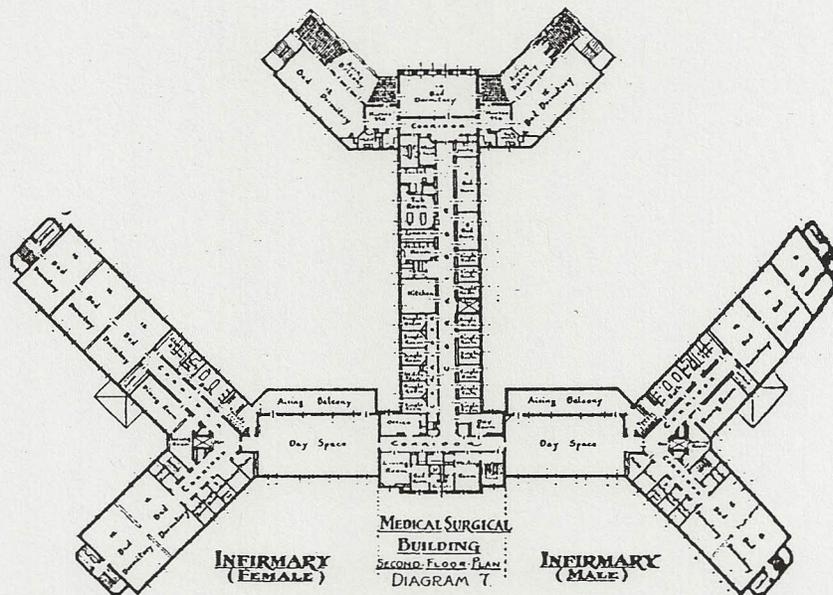


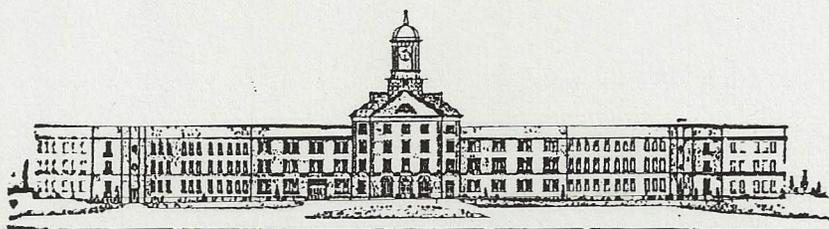
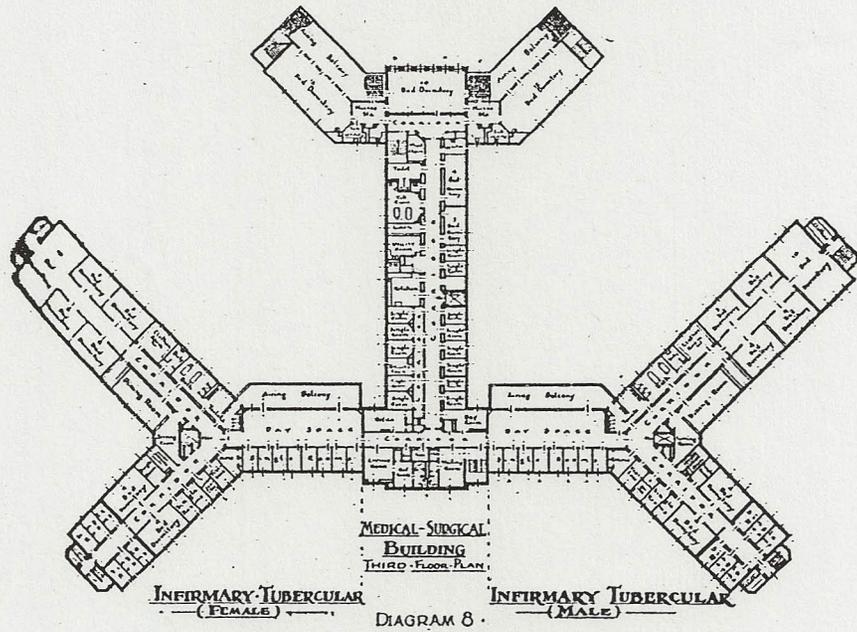
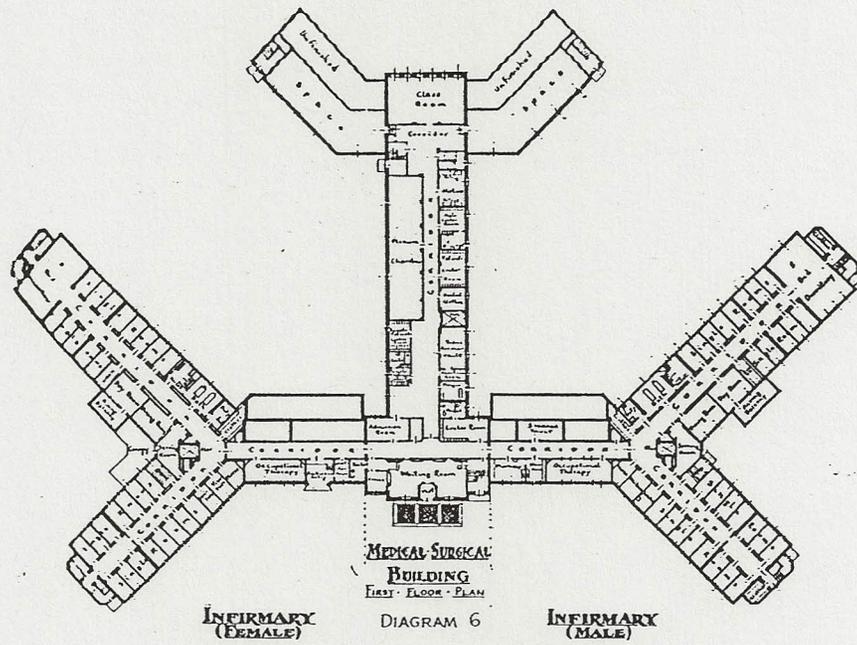
TYPICAL FLOOR PLAN
Scale 1/16" = 1'-0"



CONTINUED TREATMENT BUILDING

DIAGRAM 5'





MEDICAL AND SURGICAL BUILDING
METROPOLITAN STATE HOSPITAL
MILWAUKEE



ADMINISTRATION BUILDING



#G-22

3/92

Administration Bldg,
Metropolitan State Hospital
Bethel, Lexington, Belmont, MA
Indice Jenkins, photographer
7 Slade St, Belmont, MA - neg. location
view facing NW

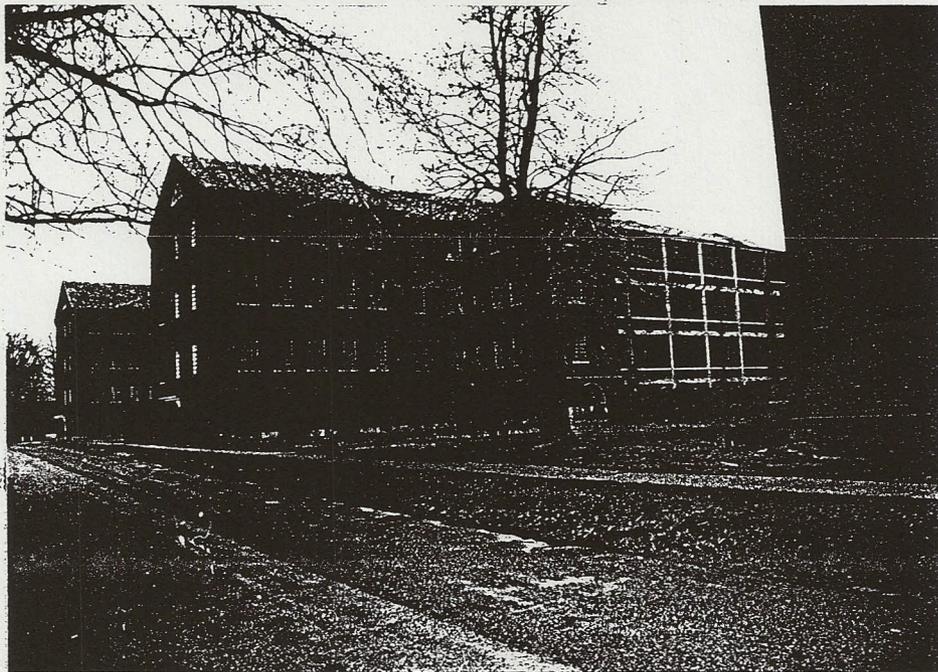


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Administration Bldg,
Metropolitan State Hospital
althum, lexington, Belmont, MA
Indee Jenkins, photographer
Slade St, Belmont, MA - neg location
in facing NW



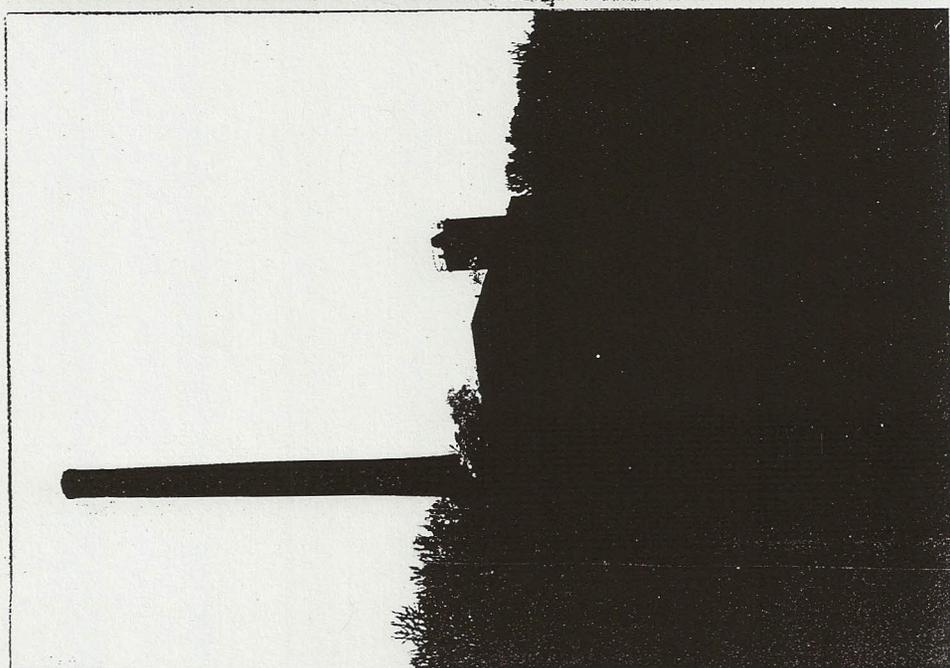
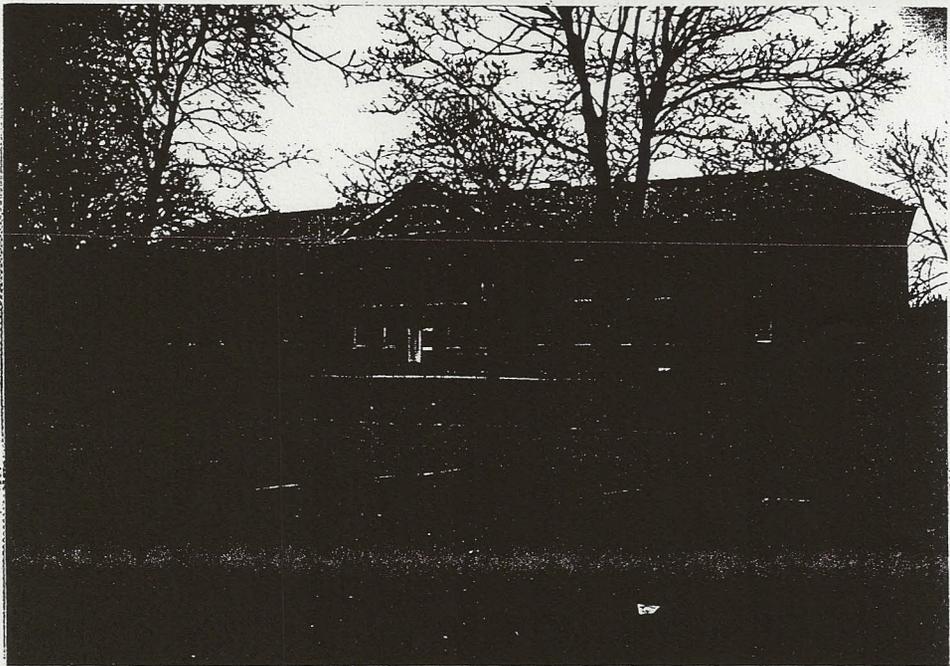
6-22 Metstate 3192
Administration



6-25 Met State 3/92
Medical Bldg

6-29 Met State 3/92
CT6 - H, G, F Wards

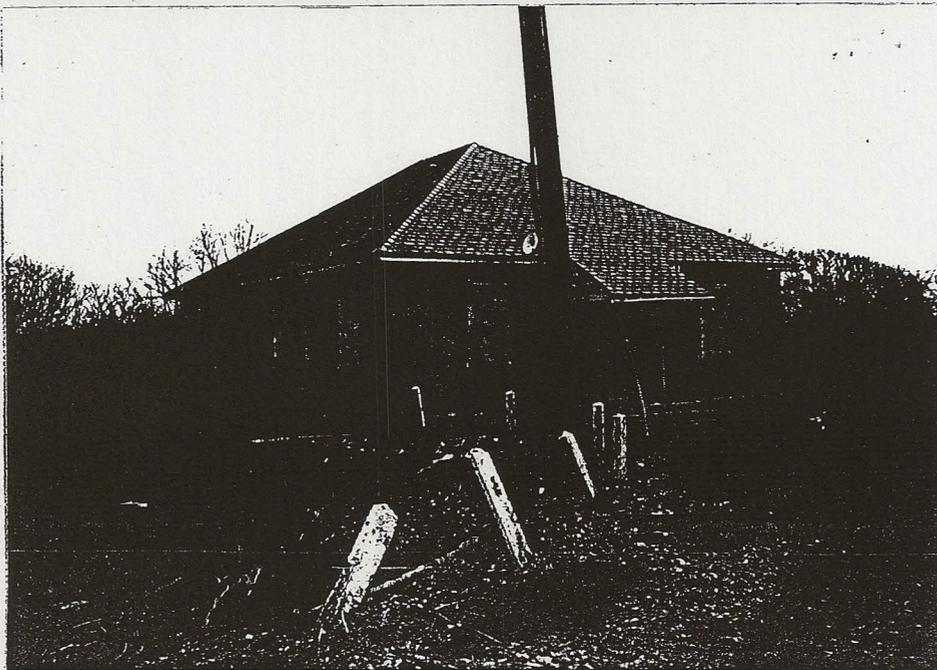
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Laundry Food Service



6-27 Met State 3/92
Landing

6-23 Met State 3/92
Female Dorm

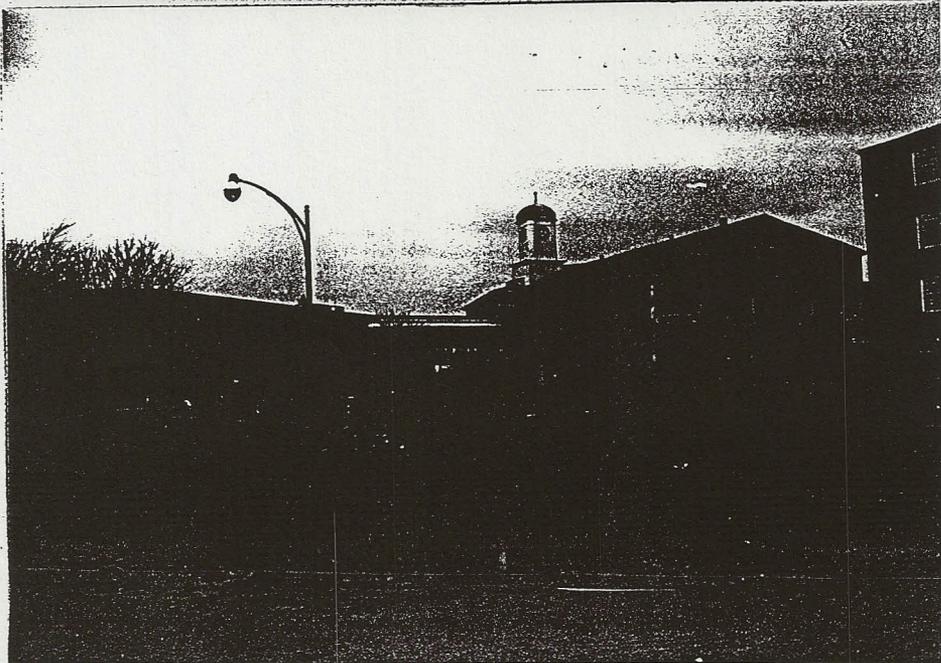
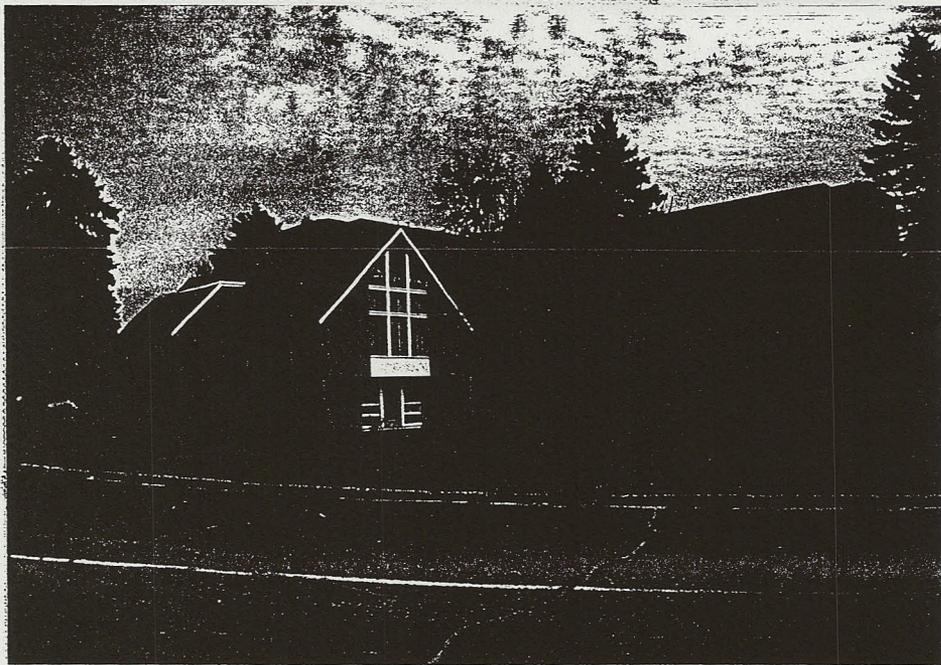
6-30 Met State 3/92
Power Plant



6-30 Met State 3/92
CT6-Courtyard at BOC

6-26 Met State 3/92
Old Chapel / Kline Hall

6-33 Met State 3/92
Mortuary



6-32 Met State 3/92
Mortuary

6-24 Met State 3/92
Chapel / Medical

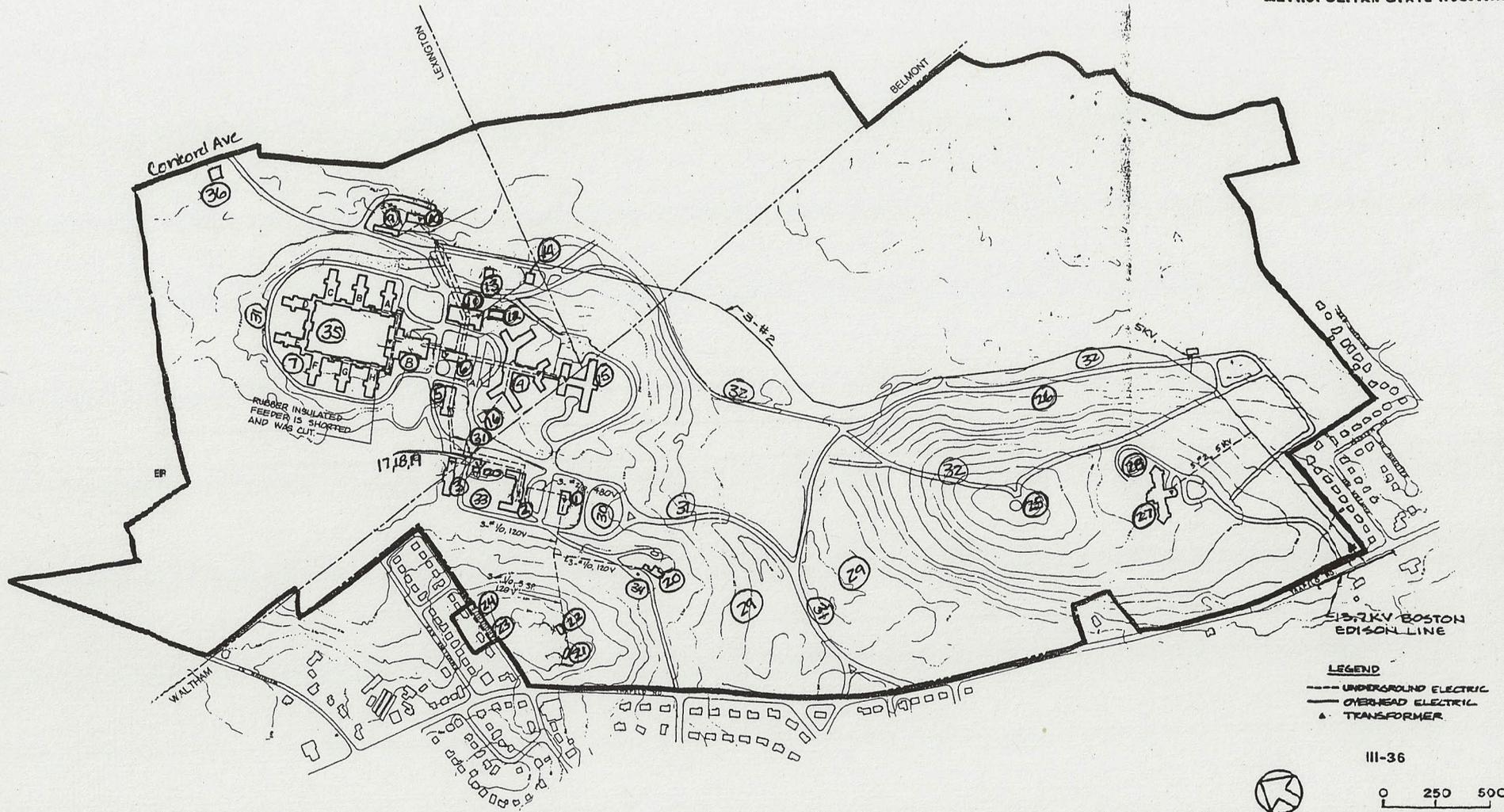
6-35 Met State 3/92
near Medical Bldg



6-31 Met State 3/92
Main exit.

6-34 Met State 3/92
Furculo Bldg.

6-36 Met State 3/92
Supt. House



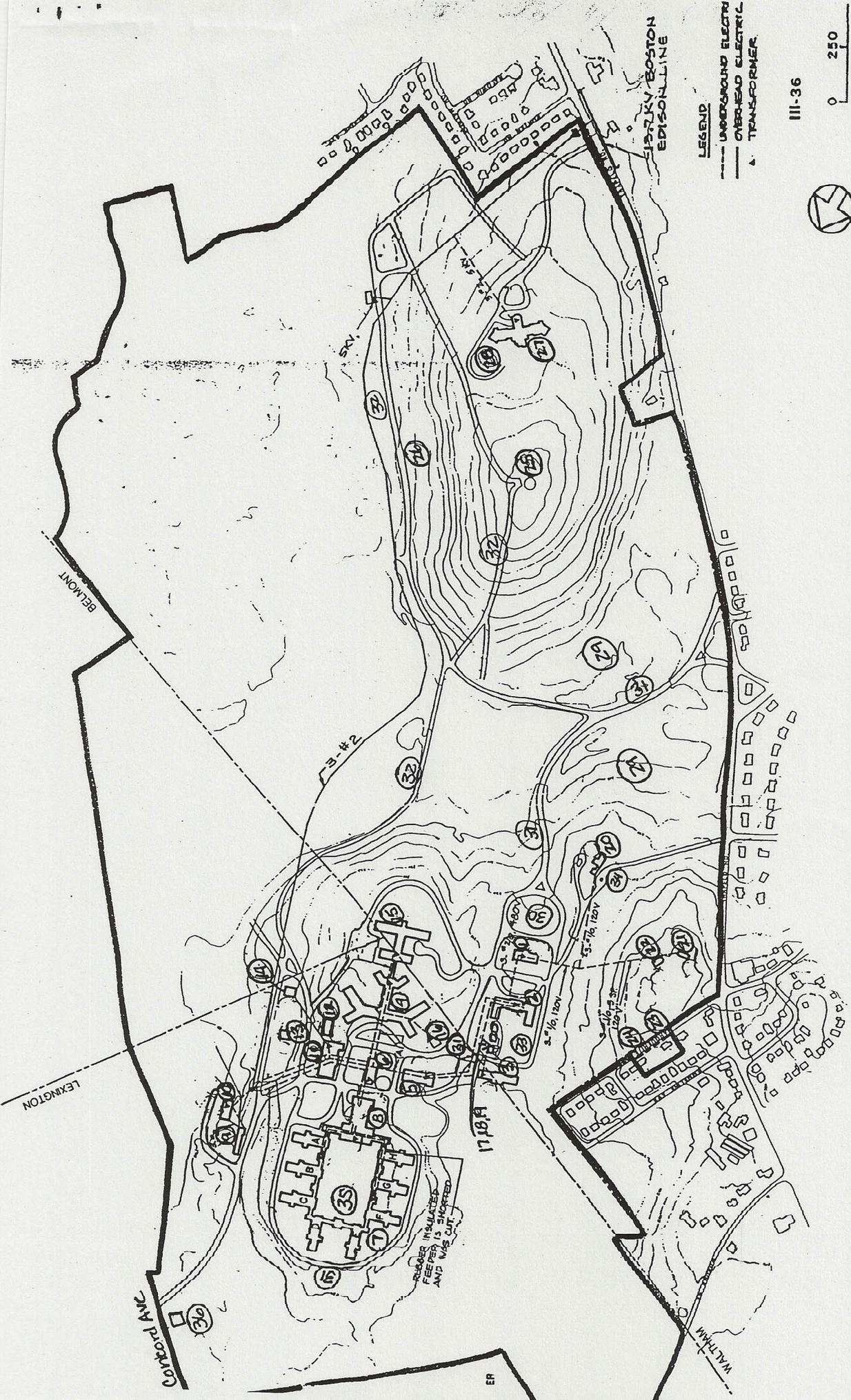
LEGEND
--- UNDERGROUND ELECTRICAL
— OVERHEAD ELECTRICAL
▲ TRANSFORMER

III-36
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SITE PLAN
EXISTING
ELECTRICAL DISTRIBUTION

FAY, SPOFFORD & THORNDIKE, INC.
ENGINEERS
191 SPRING STREET, P.O. BOX 802
LEXINGTON, MASSACHUSETTS 02173

FIGURE III-3 MAR. 1989



LEGEND
 --- UNDERGROUND ELECTRIC
 - - - OVERHEAD ELECTRIC
 ▲ TRANSFORMER

III-36



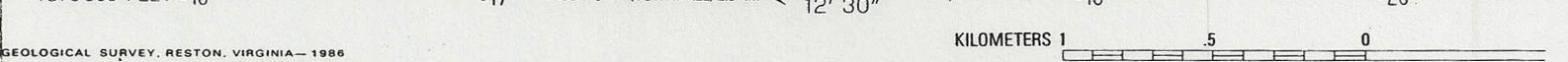
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SITE PLAN

EXISTING
 ELECTRICAL DISTRIBUTION

FAY, SPOFFORD & THORNDIKE, INC.
 ENGINEERS
 191 SPRING STREET, P.O. BOX 802
 LEXINGTON, MASSACHUSETTS 02173

FIGURE III-3 MAR. 1



GEOLOGICAL SURVEY, RESTON, VIRGINIA - 1986

METROPOLITAN STATE HOSPITAL
BELMONT, LEXINGTON, WALTHAM
(MIDDLESEX COUNTY) MASSACHUSETTS
UTM REF. POINTS # 1-5